

**A RESOLUTION BY
FINANCE/EXECUTIVE COMMITTEE**

A RESOLUTION AUTHORIZING THE CHIEF FINANCIAL OFFICER TO REFUND NINE THOUSAND EIGHT HUNDRED FORTY EIGHT DOLLARS AND FORTY FOUR CENTS (\$9,848.44) TO ANADOL COMPANY FOR AN OVERPAYMENT OF BUSINESS LICENSE FEES TO THE CITY OF ATLANTA. ALL FUNDS SHALL BE CHARGED TO AND PAID FROM FDOA 1001 (General Fund) 200301 (Dept. NDP Unallocated –Citywide Employee Expenses) 5730012 (Account Refunds) 1540000 (Function Activity-Human Resources); AND FOR OTHER PURPOSES.

WHEREAS, the City of Atlanta is authorized to collect business license fees on businesses doing business within the jurisdiction of the City of Atlanta; and

WHEREAS, Anadol Company located at 1088 Huff Road NW, Atlanta, Georgia 30318 erroneously overstated gross receipts that were to be allocated nationwide to the City of Atlanta Office of Revenue for business tax calculation purposes for the tax years of 2006 and 2007 resulting in a tax overpayment and is now due a tax refund in the amount of nine thousand eight hundred forty eight dollars and forty four cents (\$9, 848.44); and

WHEREAS, Anadol Company has requested a refund for overpayment of business license fees; and

WHEREAS, the Office of Revenue has received proper and adequate documentation to verify the occurrences of overpayment by Anadol Company; and

WHEREAS, the Office of Revenue has determined that Anadol Company is entitled to a refund in the amount of nine thousand eight hundred forty eight dollars and forty four cents (\$9,848.44) for overpayment of business license fees; and

WHEREAS, all refunds in excess of five thousand dollars (\$5,000.00) require adoption and approval by the City of Atlanta City Council and the Mayor before any funds can be disbursed;

NOW THEREFORE BE IT RESOLVED BY THE COUNCIL OF THE CITY OF ATLANTA AS FOLLOWS:

SECTION 1: The Chief Financial Officer is hereby directed to issue a refund to Anadol Company in the amount of nine thousand eight hundred forty eight dollars and forty four cents (\$9, 848.44) which represents the amount of overpayment.

SECTION 2: All funds shall be charged to and paid from Fund, Department Organization Account Number 1001 (General Fund) 20031 (Dept NDP Unallocated-Citywide Employee Expenses) 5730012 (Account Refunds) 1540000 (Function Activity Human Resources) in the amount of nine thousand eight hundred forty eight dollars and forty four cents (\$9,848.44).

SECTION 3: That all resolutions and parts of resolutions in conflict herewith and the same are hereby repealed.

Part II: Legislative White Paper: (This portion of the Legislative Request Form will be shared with City Council members and staff)

A. To be completed by Legislative Counsel:

Committee of Purview: Finance Executive

Caption: A RESOLUTION AUTHORIZING THE CHIEF FINANCIAL OFFICER TO REFUND NINE THOUSAND EIGHT HUNDRED FORTY EIGHT DOLLARS AND FORTY FOUR CENTS (\$9,848.44) ANADOL COMPANY TO FOR AN OVERPAYMENT OF BUSINESS LICENSE FEES TO THE CITY OF ATLANTA

Council Meeting Date: Feb a, 2010

Requesting Dept.: Finance

B. To be completed by the department :

1. Please provide a summary of the purpose of this legislation (Justification Statement).

Example: The purpose of this legislation is to anticipate funds from a local assistance grant to purchase child safety seats.

The purpose of this legislation is to refund overpayment payment of Business License Fees .

2. Please provide background information regarding this legislation.

Example: The task force of homelessness conducted a study regarding homelessness, its impact and consequences on the City. This resolution reflects the Mayor's desire to open a twenty-four hour center that will respond to the needs of the homelessness in Atlanta.

Anadol Company , located at 1088 Huff Road NW , Atlanta, Georgia 30318 erroneously overstated gross receipts that were to be allocated nationwide to the City of Atlanta Office of Revenue for business tax calculation purposes for the tax years of 2006, and 2007 resulting in a tax overpayment and is now due a tax refund in the amount of \$9848.44

3. If Applicable/Known:

(a) **Contract Type (e.g. Professional Services, Construction Agreement, etc):**

(b) **Source Selection:**

(c) **Bids/Proposals Due:**

(d) **Invitations Issued:**

CITY OF ATLANTA
DEPARTMENT OF FINANCE
OFFICE OF REVENUE
BUSINESS TAX CALCULATOR

Anadol Co- 120525 lgb		YEAR															
		2002		2003		2004		2005		2006		2007		2008		2009	
TAX CLASS		5	1.40	5	1.40	5	1.40	5	1.40	5	1.40	5	1.40	5	1.40	5	1.40
TAX RATE		50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00
REGISTRATION FEE		75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00
EMPLOYEE RATE		15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00
STANDARD DEDUCTION		10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00
FTF PRE-2005 10%/ 2005-PRESENT \$500		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
FTP (10%)		0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10
INTEREST RATE (1% or 0.01)		0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01
DELINQUENT CHARGE (1.50-3.00)												1.50	1.50		1.50		
EMPLOYEE CREDIT		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Actual Revenue		\$1,554,378.00	\$1,694,805.00	\$1,890,034.00	\$1,694,805.00	\$2,563,831.00	\$1,042,406.00	1,007,101.00	1,000,000.00	1,000,000.00	1,000,000.00	1,000,000.00	1,000,000.00	1,000,000.00	1,000,000.00	1,000,000.00	1,000,000.00
Flate Rate Credit \$50=10,000		10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00
Number of Employee		4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Adjusted No. of Employee (\$15=1)		3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Tax		2,332.13	2,528.73	2,802.05	2,528.73	3,745.36	1,615.37	1,610.94	1,601.00	1,601.00	1,601.00	1,601.00	1,601.00	1,601.00	1,601.00	1,601.00	1,601.00
Registration Fee Credit (\$75 If Paid)		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bill Adjustment (+/-)		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PY Unpaid Balance		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PY Payment Credit		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Adjusted Tax Due		2,332.13	2,528.73	2,802.05	2,528.73	3,745.36	1,615.37	1,610.94	1,601.00	1,601.00	1,601.00	1,601.00	1,601.00	1,601.00	1,601.00	1,601.00	1,601.00
Failure To File Penalty-\$500 Pre-'05 10%		38.09	280.20	305.75	280.20	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00
Failure To Pay Penalty (10%)								423.78									
Interest								678.00									
Total Amount Due		2,370.22	2,808.93	3,107.80	2,808.93	4,245.36	2,115.37	3,214.22	1,602.50	1,602.50	1,602.50	1,602.50	1,602.50	1,602.50	1,602.50	1,602.50	1,602.50
Total Amounts Remitted			75.00		75.00												

Grand Total Due	\$	21,065.40
Grand Total Remitted		\$30,913.84
Refund Amount Due		\$9,848.44


City of Atlanta
Office of Revenue
Business Tax Division

REQUEST FOR REFUND

Date April 22, 2009

Account # 120525 LGB

To: Jerome Bodiford, Business Tax Manager

(Approval Initials )

From: Customer Service

Business Name Anadol Company

Business Location 1088 Huff Road NW
Atlanta, Georgia 30318

Mailing Address 1088 Huff Road NW
Atlanta, Georgia 30318

Telephone Number 404-350-8588

Contact Person Wayne Chisenhall, CPA

Reason for Request-Taxpayer completed the initial business tax application; however, the gross revenue amounts were incorrect due to inadvertently including out-of-state- sales.

Business Name Anadol

Refund Amount \$ 9848.44

Federal Tax ID# 13-3204943

Make Disbursement Payable to Anadol Company

1088 Huff Road - Atlanta, GA. 30318

Submitted by: 

Date

12/3/2009

Approved by: 

Date

12/3/09

City of Atlanta
Office of Revenue
Business Tax Division

REFUND REQUEST APPROVAL

Date November 23, 2009

Account # 120525 LGB

Business Name Anadol Company

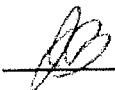
Requested Refund Amount \$ 9848.44

Mailing Address 1088 Huff Rd NW

Atlanta, Ga 30318

SSN/FEIN

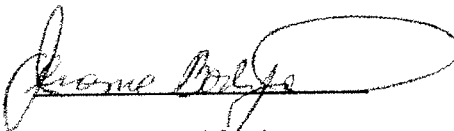
Confirmed By  Jerome Bodiford

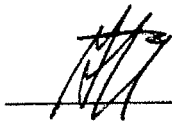
 (Initials)

Date November 9, 2009

Reason for Request Customer erroneously reported out of state gross receipts thus resulting in an overpayment of business license taxes for the tax years of 2006 & 2007 resulting in a refund amount due of \$ 8611.44.

Approved By


Jerome Bodiford


Gary Donaldson

To Be Completed by Processor

Office of Revenue Representative _____ Date _____

Disbursement Number _____ Date _____

Completed, Copied & Filed _____

Copies Available Upon Request Only

Wayne M. Chisenhall CPA, PC

Certified Public Accountant
Certified Fraud Examiner

December 5, 2008

City of Atlanta
Department of Finance
Business Tax Division
55 Trinity Avenue SW
Suite 1350
Atlanta, GA 30303

RE: Transanatolia Rug Corp.
1088 Huff Road NW
Atlanta, GA 30318
Business Tax Number: **120525LGB**
Tax Year: **2006 & 2007**

To Whom It May Concern:

Enclosed please find the amended business license forms for tax year 2006 and 2007. When the taxpayer completed the original business tax application, the gross revenue amounts reported were incorrect because it inadvertently included out-of-state sales.

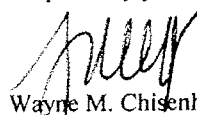
For tax year 2006, the gross receipts reported was \$2,894,148 but only **\$1,028,348** are from sales generated from the business location within the state of Georgia, see amended form attached.

For tax year 2007, the gross receipts reported was \$3,616,185 but only **\$1,399,248** are from sales generated from the business location within the state of Georgia, see amended form attached.

Furthermore, there was a typographical error on the tax bill issued by the City of Atlanta. The reporting period should have stated "Reporting Period" 2007-01-01, not 2008-01-01, see tax bill enclosed.

Please correct the taxpayer's account based on the amended forms, recalculate the tax liabilities and penalties assessed according to amended gross revenue figures, and issue the refunds to the taxpayer. Should you need any additional information regarding this account, please do not hesitate to contact us.

Respectfully yours,



Wayne M. Chisenhall CPA

Enclosure: 2006 Amendment Form
2007 Amendment Form
Copy of original Business Tax Application
Copy of tax bills issued
Copy of the taxpayer's latest 1120 & Georgia 600 income tax returns

Wayne M. Chisenhall CPA, PC

Certified Public Accountant
Certified Fraud Examiner

May 12, 2009

City of Atlanta
Department of Finance
Business Tax Division
C/O Mr. Jerome Bodiford
55 Trinity Avenue SW
Suite 1350
Atlanta, GA 30303

RE: Transanatolia Rug Corp.
1088 Huff Road NW
Atlanta, GA 30318
Business Tax Number: **120525LGB**
Tax Year: **2006 & 2007**

Mr. Jerome Bodiford:

Per your telephone request during early April 2009, attached is Transanatolia's current year Georgia Income Tax Return (Form 600). Also enclosed is 2009 business license renewal request form.

Please review my client's account, refund the overpayment for the tax year 2006 & 2007, and process this year's renewal request. You've stated that you will not be imposing any late filing penalty in regard to this year business license renewal due to the fact that it took the City of Atlanta over five months to response to our initial request for a refund.

Please correct the taxpayer's account based on the attachments, recalculate the tax liabilities and penalties assessed according to amended gross revenue figures, and issue the refunds to the taxpayer. Should you need any additional information regarding this account, please do not hesitate to contact us.

Respectfully yours,



Wayne M. Chisenhall CPA

Enclosure: Current Georgia Income Tax Return (Form 600)
2009 Business License Renewal Request Form

053101121
07/03/2008
000002904704013

This is a LEGAL COPY
of your check. You can
use it the same way
you would use the
original check.

9002/E0/20 1E15207E901
459825E1900050

TRANS ANATOLIA RUG CORPORATION DRA ANADOL COMPANY 1000 NORTH 25TH ST ATLANTA, GA 30308-1128 TEL: 404-350-3418		4401 N-1004511
DATE <u>7/01/08</u>		
PAY TO THE ORDER OF <u>CITY OF ATLANTA OFFICE OF REVENUE</u>		\$ <u>12,019.79</u>
<u>(Twelve Thousand Nine Hundred Ninety Nine and 79/100)</u>		DOLLARS @ 50
FOR ACCT # <u>120525004</u>		
MICR LINE: ⑈00004401⑈ 4061113415⑈0005146954172⑈ ⑈0001201979⑈		

⑈00004401⑈

4061113415⑈

0005146954172⑈

⑈0001201979⑈

>0631075134
057006615
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2008-07-03 12:00:00

0631075134
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053101121 07/03/2008
000002904704013

Do not endorse or write below this line.

053101121
05/19/2008
000002900304434

This is a LEGAL COPY
of your check. You can
use it the same way
you would use the
original check.

8002/6T/50 00E7002TE01

TRANS ANATOLIA RUA CORPORATION DBA ANADOL COMPANY		4283
DATE 5/14/08		
City of Atlanta Office of Revenue \$ 16,702.66		
(Sixteen THOUSAND Seven HUNDRED TWO 66/100)		
BBST		
FOR Acc# 12052.5004		
P00004293 P0511134150006165011720		

00004293

4:08 11134151

00051469541720

0001670266

>001600230< 05/19/2008
000001363134260

053101121 05/19/2008
000002900304434

Do not endorse or write below this line.

ANADOL COMPANY

Claim Calendar

YEAR	Claim Date	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC
	Dec 5,2008												
2008		12	11	10	9	**8	7	**6	5	4	3	2	*1
2007		24	23	22	21	20	19	18	17	16	15	14	13
2006		36	35	34	33	32	31	30	29	28	27	26	25

* Refund claim request month
** month of Payment

BLA244

BUSINESS LICENSE INFORMATION SYSTEM
BILLINGDATE: 11/09/09
TIME: 15:42:39

BILL/ACCOUNT SUMMARY INQUIRY

LICENSE/TAX NO.: 120525 LGB BUSINESS NAME: ANADOL CO
 ACCOUNT STATUS: R C START DATE: 2002-04-01 END DATE:
 LOCATION ADDRESS: 1088 HUFF RD NW
 ATLANTA GA 30318 -

COMPONENT INFORMATION	BILL NO	BILL DATE	BILL DUE DATE	BALANCE DUE 7/8/9
RPT. DATE: 2007-01-01	NO	DATE	DATE	
FILE DATE: 2008-05-14	-----	-----	-----	-----
COMP. NO.: 001050441	1004907	2009-06-23	2009-08-01	-\$8,611.44
COMP. TYPE: DAT				
CLASS: 5				
SIC CODE: 7217	REMIT	REMT RELATED	DATE	REMIT
SIC DESC: RUG CLEANING CO	NO	TYPE REMIT NO	ENTERED	AMOUNT 10/11
NO. EMPLS.: 7	-----	-----	-----	-----
VOLUME: \$1,007,101.00	593433	PAY	593433 2008-07-14	-\$2116.39
4/5				
	CURRENT ACCOUNT BALANCE =			-\$8,611.44

1=HELP 2= 3=PREV SCRN 4=COMP FRWD 5=COMP BKWD 6=MEMO LOG
 7=BILL FRWD 8=BILL BKWD 9=DSPLY BILL 10=REMT FRWD 11=REMT Bkwd 12=PREV MENU

City of Atlanta

CITY HALL SOUTH, 55 TRINITY AVE. S.W., ATLANTA, GA. 30303

LICENSING DIVISION

ACCOUNT NO. 120525LGB

BUSINESS LOCATION 1088 HUFF RD NW

BILLING DATE

DATE PAID

CK. NO.

05/06/2008

GENERAL BUSINESS LICENSE BILL

PRIOR BALANCE	.00	REPORTING PERIOD	2006-01-01
- PAYMENTS	75.00	GROSS REVENUE	2,563,831.00
+ LICENSE FEE	12,139.48	NO. OF EMPLOYEES	4
+ ANNUAL ADMN.	375.00	CLASSIFICATION	5
+ *PRIOR YR ADJ	2,635.14		
+ PENALTY/FIFA	1,624.04		
+ INTEREST	.00		
BALANCE DUE	16,702.66		

LICENSE FEE IS BASED ON REVENUE AND NO. OF EMPLOYEES.

PAST DUE - TO AVOID ADDTL PENALTIES AND INTEREST PAY BY DUE DATE

*ADJUSTMENTS ARE BASED ON THE DIFFERENCE IN YOUR PROJECTED REVENUE AND THE ACTUAL REVENUE.

49900100120525004400016702661

ch. 4293

5/19/08

PAID

PLEASE DO NOT WRITE ON BILL. TO MAKE CHANGES PLEASE SEND ADDITIONAL CORRESPONDENCE.
KEEP THIS PORTION FOR YOUR RECORDS

City of Atlanta

CITY HALL SOUTH, 55 TRINITY AVE. S.W., ATLANTA, GA. 30303

LICENSING DIVISION

ACCOUNT NO. 120525LGB

BUSINESS LOCATION 1088 HUFF RD NW

BILLING DATE

DATE PAID

CK. NO.

05/19/2008

GENERAL BUSINESS LICENSE BILL

PRIOR BALANCE	16,702.66	REPORTING PERIOD	2008-01-01
- PAYMENTS	16,702.66	GROSS REVENUE	3,616,185.00
+ LICENSE FEE	9,351.48	NO. OF EMPLOYEES	7
+ ANNUAL ADMN	150.00	CLASSIFICATION	5
+ *PRIOR YR ADJ	1,518.31		
+ PENALTY/FIFA	1,000.00		
+ INTEREST	.00		
BALANCE DUE	12,019.79		

LICENSE FEE IS BASED ON REVENUE AND NO. OF EMPLOYEES.

PAST DUE - TO AVOID ADDTL PENALTIES AND INTEREST PAY BY DUE DATE

*ADJUSTMENTS ARE BASED ON THE DIFFERENCE IN YOUR PROJECTED REVENUE AND THE ACTUAL REVENUE.

49900100120525004400012019793

ch. 4401

7/01/08

PAID

PLEASE DO NOT WRITE ON BILL. TO MAKE CHANGES PLEASE SEND ADDITIONAL CORRESPONDENCE.
KEEP THIS PORTION FOR YOUR RECORDS

AMENDMENT FORM

CITY OF ATLANTA
DEPARTMENT OF FINANCE - BUSINESS TAX DIVISION
55 TRINITY AVENUE, S.W. SUITE 1350
ATLANTA, GA 30303
PHONE 404-330-6270 FAX 404-658-7465

DATE: 12/05/08

AMENDED: BUSINESS TAX REGISTRATION CERTIFICATE FORM

In order to correct your Business Tax Registration Certificate record, it will be necessary for you to submit an amended Tax Registration Certificate form. Please include your actual gross revenue and actual number of employees, for the period of time operated in the City of Atlanta. Please, include a copy of your federal and state tax return (i.e. 1120, 1065 or 500-700) for the year in question and prior years tax return unless you are amending the current year's estimate. Use a separate amendment form for each year (limited to current year's estimate and two (2) prior years.)

Please print or type the following information in its entirety and mail or fax to the City of Atlanta with the information printed above.

- ❖ Business Tax Number: 120525163
- ❖ Federal Tax ID Number: [REDACTED]
- ❖ Year To Be Amended: 2006
- ❖ Business Name: Transanatolia Rug Corp.
- ❖ Business Location Address: 1088 Huff Road NW
City: Atlanta State: GA Zip Code: 30318
- ❖ Revenue (Dollar Amount) Amending: ~~\$1,028,348~~ \$1,042,406
- ❖ Employees Amending: 4 (Four)

Given reason for this request:

When the taxpayer completed the business license application, he inadvertently and unknowingly stated gross revenue amount which included out-of-state sales. Of the \$2,563,831 gross sales reported on the original application, only \$1,028,348 are sales within the state of Georgia.

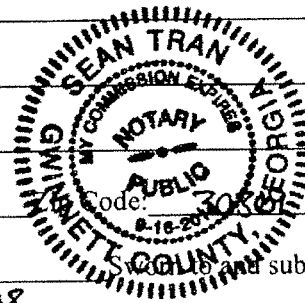
Applicant Signature: [Signature]

Name: Suat Izmirli

Address: 875 Westcott Lane

City: Atlanta State: GA

Notary Public: [Signature]
before me this the 5th day of December year 2008.



For Office Use Only

Return To _____ Date _____



0701401516

Georgia Form 600 (Rev. 08/06)Corporation Tax Return
Georgia Department of Revenue☒ **Mark box if you DO NOT want a booklet next year****2006** Income Tax ReturnBeginning 10/01/06Ending 9/30/07**2007** Net Worth Tax ReturnBeginning 10/01/07Ending 9/30/08☐ Consolidated GA Return
(attach approval)☒ Original Return☐ New Corporation☐ Initial Net Worth☐ Amended Return☐ GA Consolidated
Subsidiary☐ Address Change☐ Name Change☐ IT-552 attached☒ Extension☐ Final (attach explanation)

A Federal Employer ID Number [REDACTED]	Name (Corporate title) Please give former name if applicable. TRANSANATOLIA RUG CORP.	E Date of Incorporation 2/15/1984
B GA Withholding Tax Account Number 2145125-KP	Business Address (Number and Street) 1088 HUFF ROAD NW	F Incorporated under laws of what state NYS
C GA Sales Tax Registration No. N/A	City or Town County State Zip Code Number ATLANTA, FULTON, GA 30318-4122	G Date admitted into Georgia 8/31/2001
D NAICS Code 423200	Location of Books for Audit (city and state) Telephone Number CORP. OFFICES 404 350-8558	H Kind of Business WHOLESALE

Indicate latest taxable year adjusted by IRS

And when reported to Georgia

COMPUTATION OF GEORGIA TAXABLE INCOME AND TAX (ROUND TO NEAREST DOLLAR)**SCHEDULE 1**

1	Federal taxable income (Copy of Federal return and supporting schedules must be attached)	1	64675.
2	Additions to Federal income (from Schedule 4)	2	717.
3	Total (add Lines 1 and 2)	3	65392.
4	Subtractions from Federal income (from Schedule 5)	4	
5	Balance (Line 3 less Line 4)	5	65392.
6	Georgia net operating loss deduction (Attach Schedule)	6	0.
7	Georgia taxable income (Line 5 less Line 6 or Schedule 7, Line 9)	7	30717.
8	Income Tax — (6% x Line 7)	8	1843.

COMPUTATION OF NET WORTH TAX (ROUND TO NEAREST DOLLAR)**SCHEDULE 2**

1	Total capital stock issued	1	350000.
2	Paid in or capital surplus	2	
3	Total retained earnings	3	763243.
4	Net worth (Total of Lines 1, 2, and 3)	4	1113243.
5	Ratio (Georgia and Domestic Foreign Corporation — 100%) (Foreign Corporation — Line 4, Schedule 8)	5	100%
6	Net worth taxable by Georgia (Line 4 x Line 5)	6	1113243.
7	Net worth tax (From table in the instructions)	7	750.

COMPUTATION OF TAX DUE OR OVERPAYMENT (ROUND TO NEAREST DOLLAR)**SCHEDULE 3**

		A Income Tax		B Net Worth Tax	C Total	
1	Total Tax (Schedule 1, Line 8, and Schedule 2, Line 7)	1843.		750.	1	2593.
2	Less Credits and payments of estimated tax				2	3399.
3	Less Credits from Schedule 9, Line 6*				3	
4	Withholding Credits (G2-A and/or G-2RP)				4	
5	Balance of tax due (Line 1, less Lines 2, 3, and 4)				5	
6	Amount of overpayment (Lines 2, 3, and 4 less Line 1)				6	806.
7	Interest due (See Instructions)				7	
8	Penalty due (See Instructions)				8	
9	Balance of Tax, Interest and Penalties due with return				9	
10	Amount of Line 6 to be credited to 2007 estimated tax	806.		Refunded		0.

*NOTE: Any tax credits from Schedule 9 may be applied against income tax liability only, not net worth tax liability.

Name (Corporation) **TRANSANATOLIA RUG CORP.**

FEIN 13-3204943

ADDITIONS TO FEDERAL TAXABLE INCOME

(ROUND TO NEAREST DOLLAR)

SCHEDULE 4

1	State and municipal bond interest (other than Georgia or political subdivision thereof)	1	
2	Net income or net profits taxes imposed by taxing jurisdictions other than Georgia	2	717.
3	Expense attributable to tax exempt income (other than US obligations)	3	
4	Net Operating loss deducted on Federal return	4	
5	Federal deduction for income attributable to domestic production activities (IRC Section 199)	5	
6	Intangible expenses and related interest cost	6	
7	Other Additions (attach Schedule)	7	
8	TOTAL - Enter also on LINE 2, SCHEDULE 1	8	717.

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

(ROUND TO NEAREST DOLLAR)

SCHEDULE 5

1	Interest on obligations of United States (must be reduced by direct and indirect interest expense)	1	
2	Exception to intangible expenses and related interest cost	2	
3	Other Subtractions (attach Schedule)	3	
4	TOTAL - Enter also on LINE 4, SCHEDULE 1	4	

APPORTIONMENT OF INCOME**SCHEDULE 6****(Part 1)**

	WITHIN GEORGIA		TOTAL EVERYWHERE	
	A Beginning of Year	B End of Year	A Beginning of Year	B End of Year
1	960137.	616453.	960137.	616453.
2				
3				
4				
5	147238.	151003.	147238.	151003.
6	1107375.	767456.	1107375.	767456.
7		937416.		937416.
8		1219680.		1219680.
9		2157096.		2157096.

(Part 2)

	A Within Georgia	B Everywhere (If this figure is 0 see instructions)	C Do not round Col A/Col B Compute to six decimals	D Do not round Georgia Factor Compute to six decimals
1	2157096.	2157096.	1.000000	x 0.10 0.100000
2	349389.	396099.	0.882075	x 0.10 0.088208
3	1042406.	2962099.	0.351915	x 0.80 0.281532
4				0.469740

COMPUTATION OF GEORGIA NET INCOME

(ROUND TO NEAREST DOLLAR)

SCHEDULE 7

1	Net business income (Schedule 1, Line 5)	1	65392.
2	Income allocated everywhere (Attach Schedule)	2	
3	Business income subject to apportionment (Line 1 less Line 2)	3	65392.
4	Georgia Ratio (Schedule 6, Line 4, Part 2)	4	0.469740
5	Net business income apportioned to Georgia (Line 3 x Line 4)	5	30717.
6	Net income allocated to Georgia (Attach Schedule)	6	
7	Total of Lines 5 and 6	7	30717.
8	Less net operating loss apportioned to Georgia (Attach Schedule)	8	
9	Georgia taxable income (Enter also on Schedule 1, Line 7)	9	30717.

COMPUTATION OF GEORGIA NET WORTH RATIO

(TO BE USED BY FOREIGN CORPORATIONS ONLY)

SCHEDULE 8

	A Within Georgia	B Total Everywhere	C Georgia ratio (A/B)
1			
2			
3			
4			

Copy of the Federal Return and supporting Schedules must be attached, otherwise this return shall be deemed incomplete. No extension of time for filing will be allowed unless copy of a request for a Federal extension or Form IT-303 is attached to this return.

Make check payable to: Georgia Department of Revenue.

Mail to: Georgia Department of Revenue, Processing Center, P.O. Box 740397, Atlanta, Georgia 30374-0397

Mail To: Taxpayer Services Division, P.O. Box 49431, Atlanta, Georgia 30359-1431

Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia. Declaration: I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief it is true, correct, and complete. If prepared by a person other than taxpayer, their declaration is based on all information of which they have any knowledge.

Email address:

SIGNATURE OF OFFICER

DATE

SIGNATURE OF INDIVIDUAL OR FIRM PREPARING THE RETURN

P00165175

7/22/08

TITLE

IDENTIFICATION OR SOCIAL SECURITY NUMBER

IRA D. GANZFRIED & CO., CPAS
251 5TH AVE 4TH FLOOR
NEW YORK, NY 10016-6515

GACA0102L 12/12/06

☒ Check the box to authorize the Georgia Department of Revenue to discuss the contents of this tax return with the named preparer.

AMENDMENT FORM

CITY OF ATLANTA
DEPARTMENT OF FINANCE - BUSINESS TAX DIVISION
55 TRINITY AVENUE, S.W. SUITE 1350
ATLANTA, GA 30303
PHONE 404-330-6270 FAX 404-658-7465

DATE: 12/05/08

AMENDED: BUSINESS TAX REGISTRATION CERTIFICATE FORM

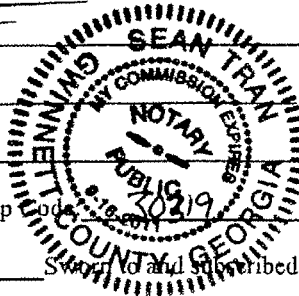
In order to correct your Business Tax Registration Certificate record, it will be necessary for you to submit an amended Tax Registration Certificate form. Please include your actual gross revenue and actual number of employees, for the period of time operated in the City of Atlanta. Please, include a copy of your federal and state tax return (i.e. 1120, 1065 or 500-700) for the year in question and prior years tax return unless you are amending the current year's estimate. Use a separate amendment form for each year (limited to current year's estimate and two (2) prior years.)

Please print or type the following information in its entirety and mail or fax to the City of Atlanta with the information printed above.

- ❖ Business Tax Number: 120525663
- ❖ Federal Tax ID Number: [REDACTED]
- ❖ Year To Be Amended: 2007
- ❖ Business Name: Transanatolia Rug Corp.
- ❖ Business Location Address: 1088 Huff Road NW
City: Atlanta State: GA Zip Code: 30318
- ❖ Revenue (Dollar Amount) Amending: ~~\$ 1,399,248~~ \$ 1,007,101
- ❖ Employees Amending: Seven (7)

Given reason for this request:

When the taxpayer completed the business license application, he inadvertently and unknowingly stated gross revenue amount which included out-of-state sales. Of the \$ 3,616,185 gross sales reported on the original application, only \$ 1,399,248 are sales within the state of Georgia.

Applicant Signature: [Signature]Name: Suat IzmirliAddress: 875 Wescott AveCity: AtlantaState: GAZip Code: 30319Notary Public: [Signature]before me this 5th day of December year 2008.

For Office Use Only

Return To _____ Date _____



0801401517

COPY**Georgia Form 600 (Rev. 09/07)**Corporation Tax Return
Georgia Department of Revenue☒ Mark box if you DO NOT want a booklet next year**2007 Income Tax Return**Beginning 10/01/07
Ending 9/30/08☐ Consolidated GA Return
(attach approval)
☒ Original Return☐ Initial Net Worth
☐ Amended Return☐ GA Consolidated
Subsidiary
☐ Address Change
☐ Name Change☐ IT-552 attached
☒ Extension
☐ Final (attach explanation)**2008 Net Worth Tax Return**Beginning 10/01/08
Ending 9/30/09

A Federal Employer ID Number	Name (Corporate title) Please give former name if applicable.	E Date of Incorporation
	TRANSANATOLIA RUG CORP.	2/15/1984
B GA Whigp Tax Account Number	Business Address (Number and Street)	F Incorporated under laws of what state
2145125-KP	1088 HUFF ROAD NW	NYS
C GA Sales Tax Registration No.	City or Town	G Date admitted into Georgia
N/A	ATLANTA, GA 30318-4122	8/31/2001
D NAICS Code	Location of Books for Audit (city and state)	H Kind of Business
423200	CORP. OFFICES	WHOLESALE

Indicate latest taxable year adjusted by IRS

And when reported to Georgia

COMPUTATION OF GEORGIA TAXABLE INCOME AND TAX (ROUND TO NEAREST DOLLAR)		SCHEDULE 1	
1	Federal Taxable Income (Copy of Federal return and supporting schedules must be attached)	1	88487.
2	Additions to Federal income (from Schedule 4)	2	1127.
3	Total (add Lines 1 and 2)	3	89614.
4	Subtractions from Federal income (from Schedule 5)	4	
5	Balance (Line 3 less Line 4)	5	89614.
6	Georgia Net Operating loss deduction (from Schedule 11)	6	0.
7	Georgia Taxable Income (Line 5 less Line 6 or Schedule 7, Line 9)	7	28955.
8	Income Tax — (6% x Line 7)	8	1737.

COMPUTATION OF NET WORTH TAX (ROUND TO NEAREST DOLLAR)		SCHEDULE 2	
1	Total Capital stock issued	1	350000.
2	Paid in or capital surplus	2	
3	Total Retained Earnings	3	833354.
4	Net worth (Total of Lines 1, 2, and 3)	4	1183354.
5	Ratio (Georgia and Domestic Foreign Corporation — 100%) (Foreign Corporation — Line 4, Schedule 8)	5	100%
6	Net Worth Taxable by Georgia (Line 4 x Line 5)	6	1183354.
7	Net Worth Tax (from table in the instructions)	7	750.

COMPUTATION OF TAX DUE OR OVERPAYMENT (ROUND TO NEAREST DOLLAR)		SCHEDULE 3			
	A Income Tax	B Net Worth Tax	C Total		
1	Total Tax (Schedule 1, Line 8, and Schedule 2, Line 7)	1737.	750.	1	2487.
2	Less Credits and payments of estimated tax			2	5637.
3	Less Credits from Schedule 9, Line 6*			3	
4	Withholding Credits (G2-A and/or G-2RP)			4	
5	Balance of tax due (Line 1, less Lines 2, 3, and 4)			5	
6	Amount of overpayment (Lines 2, 3, and 4 less Line 1)			6	3150.
7	Interest due (See Instructions)			7	
8	Penalty due (See Instructions)			8	
9	Balance of Tax, Interest and Penalty due with return			9	
10	Amount of Line 6 to be credited to 2008 estimated tax	3150.	Refunded		0.

*NOTE: Any tax credits from Schedule 9 may be applied against income tax liability only, not net worth tax liability.

Name (Corporation) **TRANSANATOLIA RUG CORP.**

FEIN 13-3204943

ADDITIONS TO FEDERAL TAXABLE INCOME

(ROUND TO NEAREST DOLLAR)

COPY

1	State and municipal bond interest (other than Georgia or political subdivision thereof)	2	1127.
2	Net income or net profits taxes imposed by taxing jurisdictions other than Georgia	3	
3	Expense attributable to tax exempt income	4	
4	Net operating loss deducted on Federal return	5	
5	Federal deduction for income attributable to domestic production activities (IRC Section 199)	6	
6	Intangible expenses and related interest cost	7	
7	Other Additions (attach Schedule)	8	1127.
8	TOTAL — Enter also on LINE 2, SCHEDULE 1.		

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

(ROUND TO NEAREST DOLLAR)

SCHEDULE 5

1	Interest on obligations of United States (must be reduced by direct and indirect interest expense)	1	
2	Exception to intangible expenses and related interest cost	2	
3	Other Subtractions (attach Schedule)	3	
4	TOTAL — Enter also on LINE 4, SCHEDULE 1.	4	

APPORTIONMENT OF INCOME**SCHEDULE 6****(Part 1)**

	WITHIN GEORGIA		TOTAL EVERYWHERE	
	A Beginning of Year	B End of Year	A Beginning of Year	B End of Year
1 Inventories	616453.	1137992.	616453.	1137992.
2 Buildings (cost)				
3 Machinery and Equipment				
4 Land				
5 Other Tangible Assets	151003.	159685.	151003.	159685.
6 Total (Lines 1 through 5)	767456.	1297677.	767456.	1297677.
7 Average (Add columns A and B and divide by 2)		1032567.		1032567.
8 Rented Property (Annual Rate x 8)		1629136.		1629136.
9 Total Property		2661703.		2661703.

(Part 2)

	A Within Georgia	B Everywhere (If this figure is 0 see instructions)	C Do not round Col A/Col B Compute to six decimals	D Do not round Georgia Factor Compute to six decimals
1 Total Property (Part 1, Line 9)	2661703.	2661703.	1.000000 x 0.05	0.050000
2 Salaries, commissions, wages and compensation	248796.	298101.	0.834603 x 0.05	0.041730
3 Gross receipts from business	1007101.	3917415.	0.257083 x 0.90	0.231375
4 Georgia Ratio (Total Column D)				0.323105

COMPUTATION OF GEORGIA NET INCOME

(ROUND TO NEAREST DOLLAR)

SCHEDULE 7

1	Net business income (Schedule 1, Line 5)	1	89614.
2	Income allocated everywhere (Attach Schedule)	2	
3	Business income subject to apportionment (Line 1 less Line 2)	3	89614.
4	Georgia Ratio (Schedule 6, Line 4, Part 2)	4	0.323105
5	Net business income apportioned to Georgia (Line 3 x Line 4)	5	28955.
6	Net income allocated to Georgia (Attach Schedule)	6	
7	Total of Lines 5 and 6	7	28955.
8	Less net operating loss apportioned to Georgia (Attach Schedule)	8	
9	Georgia taxable income (Enter also on Schedule 1, Line 7)	9	28955.

COMPUTATION OF GEORGIA NET WORTH RATIO

(TO BE USED BY FOREIGN CORPORATIONS ONLY)

SCHEDULE 8

	A Within Georgia	B Total Everywhere	C Georgia ratio (A/B)
1 Total value of property owned (Total assets from Federal balance sheet)			
2 Gross receipts from business			
3 Totals (Line 1 plus Line 2)			
4 Georgia Ratio (Divide Line 3A by 3B)			

Copy of the Federal Return and supporting Schedules must be attached, otherwise this return shall be deemed incomplete. No extension of time for filing will be allowed unless copy of a request for a Federal extension or Form IT-303 is attached to this return.

Make check payable to: Georgia Department of Revenue

Mail to: Georgia Department of Revenue, Processing Center, P.O. Box 740397, Atlanta, Georgia 30374-0397

If claiming credits on Schedules 9 and/or 10, **Mail To:** Taxpayer Services Division, P.O. Box 49431, Atlanta, Georgia 30359-1431

Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia. Declaration: I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief it is true, correct, and complete. If prepared by a person other than taxpayer, their declaration is based on all information of which they have any knowledge.

Email address: _____

SIGNATURE OF OFFICER

DATE

SIGNATURE OF INDIVIDUAL OR FIRM PREPARING THE RETURN

P00165175

5/11/09

TITLE

IDENTIFICATION OR SOCIAL SECURITY NUMBER

IRA D. GANZFRIED & CO., CPAS
251 5TH AVE 4TH FLOOR
NEW YORK, NY 10016-6515

GACA0102L 09/28/07

☒ Check the box to authorize the Georgia Department of Revenue to discuss the contents of this tax return with the named preparer.

5/12/2009

**GEORGIA DEPARTMENT OF REVENUE
TAXPAYER SERVICES DIVISION
ATLANTA, GEORGIA**

IMPORTANT! ACCEPTANCE OF FEDERAL EXTENSIONS

A FEDERAL EXTENSION WILL BE ACCEPTED AS A GEORGIA EXTENSION IF: (1) THE RETURN IS RECEIVED WITHIN THE TIME AS EXTENDED BY THE INTERNAL REVENUE SERVICE, AND (2) A COPY OF THE FEDERAL EXTENSION(S) IS ATTACHED TO THE RETURN WHEN FILED. **NOTE: THERE IS NO EXTENSION FOR PAYMENT OF TAX. INCOME TAX OR CORPORATE NET WORTH TAX MUST BE PAID BY THE PRESCRIBED DUE DATE TO AVOID THE ASSESSMENT OF LATE PAYMENT PENALTIES AND INTEREST.**

THIS IS NOT A PAYMENT FORM! REMIT PAYMENT ON FORM IT-560 OR IT-560C.**COPY****APPLICATION FOR EXTENSION OF TIME FOR FILING STATE INCOME TAX RETURNS**

<p>A READ INFORMATION BEFORE PREPARING APPLICATION</p> <p>APPLICANT: ENTER NAME AND ADDRESS, INCLUDING ZIP CODE, WITHIN BRACKETS</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>IRA D. GANZFRIED & CO., CPAS</p> <p>251 5TH AVE 4TH FLOOR</p> <p>NEW YORK, NY 10016-6515</p> <p>13-3690783</p> </div>	<p>B</p> <p>Complete this form in TRIPLICATE. Mail the original prior to the return due date and keep 2 copies. Attach one copy to your return when filed, and retain one copy for your records.</p> <p>WE WILL NOTIFY YOU ONLY IF YOUR EXTENSION REQUEST IS DENIED.</p>			
<p>C NAME OF TAXPAYER FOR WHOM EXTENSION IS FILED, IF DIFFERENT FROM ABOVE</p> <p>TRANSANATOLIA RUG CORP.</p>				
<p>STREET ADDRESS</p> <p>1088 HUFF ROAD NW</p>				
<p>CITY</p> <p>ATLANTA, GA 30318-4122</p>	<p>STATE</p> <p>GA</p>			
<p>ZIP CODE</p> <p>30318-4122</p>	<p>SOCIAL SECURITY NO. OR FEIN</p> <p>13-3204943</p>			
<p>D APPLICATION IS HEREBY MADE FOR AN EXTENSION OF TIME FOR THE FOLLOWING STATE TAX RETURN:</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>1 Type of return (check proper type):</p> <p><input type="checkbox"/> Individual – Form 500</p> <p><input type="checkbox"/> Partnership – Form 700</p> <p><input type="checkbox"/> Fiduciary – Form 501</p> <p><input checked="" type="checkbox"/> Corporate Income Tax</p> <p><input checked="" type="checkbox"/> Net Worth Tax (For Period Beginning)..... <u>10/01/08</u></p> <p><input type="checkbox"/> Other _____</p> </td> <td style="width:25%;"> <p>2 For Period Ending:</p> <p>_____</p> <p>_____</p> <p><u>9/30/08</u></p> <p><u>9/30/09</u></p> <p>_____</p> </td> <td style="width:25%;"> <p>3 Extension Requested to:</p> <p>_____</p> <p>_____</p> <p><u>6/15/09</u></p> <p><u>6/15/09</u></p> <p>_____</p> </td> </tr> </table> <p>NOTE: Extensions are limited by law to six (6) months</p>		<p>1 Type of return (check proper type):</p> <p><input type="checkbox"/> Individual – Form 500</p> <p><input type="checkbox"/> Partnership – Form 700</p> <p><input type="checkbox"/> Fiduciary – Form 501</p> <p><input checked="" type="checkbox"/> Corporate Income Tax</p> <p><input checked="" type="checkbox"/> Net Worth Tax (For Period Beginning)..... <u>10/01/08</u></p> <p><input type="checkbox"/> Other _____</p>	<p>2 For Period Ending:</p> <p>_____</p> <p>_____</p> <p><u>9/30/08</u></p> <p><u>9/30/09</u></p> <p>_____</p>	<p>3 Extension Requested to:</p> <p>_____</p> <p>_____</p> <p><u>6/15/09</u></p> <p><u>6/15/09</u></p> <p>_____</p>
<p>1 Type of return (check proper type):</p> <p><input type="checkbox"/> Individual – Form 500</p> <p><input type="checkbox"/> Partnership – Form 700</p> <p><input type="checkbox"/> Fiduciary – Form 501</p> <p><input checked="" type="checkbox"/> Corporate Income Tax</p> <p><input checked="" type="checkbox"/> Net Worth Tax (For Period Beginning)..... <u>10/01/08</u></p> <p><input type="checkbox"/> Other _____</p>	<p>2 For Period Ending:</p> <p>_____</p> <p>_____</p> <p><u>9/30/08</u></p> <p><u>9/30/09</u></p> <p>_____</p>	<p>3 Extension Requested to:</p> <p>_____</p> <p>_____</p> <p><u>6/15/09</u></p> <p><u>6/15/09</u></p> <p>_____</p>		
<p>E REASON FOR EXTENSION (SEE INFORMATION)</p> <p><u>TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO</u></p> <p><u>FILE A COMPLETE AND ACCURATE TAX RETURN.</u></p> <p>_____</p> <p>_____</p> <p>_____</p>				

I AFFIRM THAT THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND ACCURATE.
THIS AFFIRMATION IS MADE UNDER THE PENALTIES PRESCRIBED BY LAW.

DATE

SIGNATURE OF TAXPAYER OR AUTHORIZED AGENT

IRA D. GANZFRIED & CO., CPAS
251 5TH AVE 4TH FLOOR
NEW YORK, NY 10016-6515

IF SIGNED BY AGENT, AGENT'S FIRM OR TRADE NAME

BUSINESS TAX APPLICATION
CITY OF ATLANTA, BUSINESS TAX DIVISION
55 TRINITY AVENUE, SUITE 1350, SW ATLANTA, GEORGIA 30303 • PH: 404-330-8270

BUSINESS TAX MULTIPLE YEARS

FOR CITY OF ATLANTA USE ONLY	
ACCOUNT NO.	TAX CLASS
120325	

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

BUSINESS START DATE IN ATLANTA		MONTH		DAY		YEAR	

BUSINESS TAX MULTIPLE YEARS				
YEAR	2007	2008	2009	2010
2007	7			
2008	6			
2009				
2010				

GROSS REVENUE				
YEAR	2007	2008	2009	2010
2007	3,616,185			
2008	2,894,148			
2009				
2010				

BUSINESS NAME / DBA		STREET ADDRESS		CITY, STATE ZIP CODE		TELEPHONE	
ANADOL CO.		1088 HUFF RD.		ATLANTA, GA 30318		404-350-8558	
CORPORATION NAME		MAILING ADDRESS		CITY, STATE ZIP CODE		TELEPHONE	
TRANS ANATOLIA RUG CORP.		SAME					
NAME OF OWNER(S)		RESIDENCE ADDRESS		CITY, STATE ZIP CODE		TELEPHONE	
SUAT DEMIRLI		875 WESCOTT LANE		ATLANTA, GA 30319		404-350-8558	
TITLE		RESIDENCE ADDRESS		CITY, STATE ZIP CODE		TELEPHONE	
PRESIDENT							
NAME OF OWNER(S)		RESIDENCE ADDRESS		CITY, STATE ZIP CODE		TELEPHONE	
SUAT DEMIRLI							
TITLE		RESIDENCE ADDRESS		CITY, STATE ZIP CODE		TELEPHONE	
PARTNER							
FEDERAL TAX ID #		CHECK PARTNERSHIP		CORP.		EMAIL ADDRESS	
13-3209943		<input checked="" type="checkbox"/>		<input type="checkbox"/>		12mir45uat 1530 Q Y0400.com	
STATE TAX ID #		ONE		SOLE OWNER			
		<input type="checkbox"/>		<input type="checkbox"/>			
CERTIFICATION: THE INFORMATION HEREIN IS REQUIRED BY SECTION 24-63 (b)(4) CODE OF ORDINANCES OF THE CITY OF ATLANTA, GEORGIA							
PRINT NAME		TITLE		TELEPHONE NO		YEAR	
SUAT DEMIRLI		PARTNER		404-350-8558		2008	
EXPLAIN TYPE OF BUSINESS		CITY OF ATLANTA ZONING DIVISION USE ONLY		MONTH		DAY	
IMPORT/WHOLESALE CARPETS & RUGS				5		13	
APPLICANT SIGNATURE		PARTNER SIGNATURE		MONTH		DAY	
				5		13	
ZONING APPROVAL		DENIED		MONTH		DAY	
CONDITIONS				MONTH		DAY	
LOT		DISTRICT		ZONING DIST		DATE	

ACCORDING TO THE CLASSIFICATION INDEX OF THE BUSINESS TAX DIVISION, CITY OF ATLANTA, GEORGIA, THE UNDERSIGNED CERTIFIES THAT HEREIN IS THE PERSON ONLY AUTHORIZED BY THE BUSINESS HEREIN NAMED TO FILE THIS REGISTRATION AND APPLICATION FOR A LICENSE, INCLUDING THE ACCOMPANYING REVENUE AND EMPLOYEES, AND THAT THE SAME ARE TRUE, CORRECT AND COMPLETE.

2006

A Check if: 1 Consolidated return (attach Form 851) <input type="checkbox"/> 2 Personal holding company (attach Schedule H) <input type="checkbox"/> 3 Personal service corp (see instructions) <input type="checkbox"/> 4 Schedule M-3 required (attach Sch M-3) <input type="checkbox"/>	Use IRS label. Otherwise, print or type. TRANSANATOLIA RUG CORP. ANADOL COMPANY 1088 HUFF ROAD NW ATLANTA, GA 30318-4122	B Employer identification number <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div> C Date incorporated <u>2/15/1984</u> D Total assets (see instructions) \$ <u>3,016,847.</u>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

E Check if: (1) Initial return (2) Final return (3) Name change (4) Address change

I	N	C	O	M	E		1	c	
						1 a Gross receipts or sales <u>2,962,099.</u>			<u>2,962,099.</u>
						2 Cost of goods sold (Schedule A, line 8)	2		<u>2,083,440.</u>
						3 Gross profit. Subtract line 2 from line 1c	3		<u>878,659.</u>
						4 Dividends (Schedule C, line 19)	4		
						5 Interest	5		
						6 Gross rents	6		
						7 Gross royalties	7		
						8 Capital gain net income (attach Schedule D (Form 1120))	8		
						9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9		
						10 Other income (see instructions — attach schedule)	10		
						11 Total income. Add lines 3 through 10	11		<u>878,659.</u>
						12 Compensation of officers (Schedule E, line 4)	12		<u>86,400.</u>
						13 Salaries and wages (less employment credits)	13		<u>309,699.</u>
						14 Repairs and maintenance	14		
						15 Bad debts	15		
						16 Rents	16		<u>152,460.</u>
						17 Taxes and licenses <u>SEE STATEMENT 1</u>	17		<u>39,834.</u>
						18 Interest	18		<u>109,342.</u>
						19 Charitable contributions	19		
						20 Depreciation from Form 4562 not claimed on Schedule A or elsewhere on return (attach Form 4562)	20		<u>2,915.</u>
						21 Depletion	21		
						22 Advertising	22		<u>91,435.</u>
						23 Pension, profit-sharing, etc. plans	23		
						24 Employee benefit programs	24		
						25 Domestic production activities deduction (attach Form 8903)	25		
						26 Other deductions (attach schedule) <u>SEE STATEMENT 2</u>	26		<u>21,899.</u>
						27 Total deductions. Add lines 12 through 26	27		<u>813,984.</u>
						28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28		<u>64,675.</u>
						29 Less: a Net operating loss deduction (see instructions)	29 a		
						b Special deductions (Schedule C, line 20)	29 b		
							29 c		
						30 Taxable income. Subtract line 29c from line 28 (see instructions)	30		<u>64,675.</u>
						31 Total tax (Schedule J, line 10)	31		<u>14,260.</u>
						32 a 2005 overpayment credited to 2006 <u>32 a</u> <u>18,845.</u>			
						b 2006 estimated tax payments <u>32 b</u>			
						c 2006 refund applied for on Form 4466 <u>32 c</u>			
						d Tax deposited with Form 7004 <u>32 d</u> <u>18,845.</u>			
						e Credits: (1) Form 2439 (2) Form 4136 <u>32 e</u>			
						f Credit for federal telephone excise tax paid (attach Form 8913) <u>32 f</u>			
						g Credit for federal telephone excise tax paid (attach Form 8913) <u>32 g</u>			
						32 h <u>18,845.</u>	32 h		
						33 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	33		
						34 Amount owed. If line 32h is smaller than the total of lines 31 and 33, enter amount owed	34		
						35 Overpayment. If line 32h is larger than the total of lines 31 and 33, enter amount overpaid	35		<u>4,585.</u>
						36 Enter amount from line 35 you want credited to 2007 estimated tax <u>4,585.</u>	36		<u>0.</u>

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer [Signature] Date 12/05/06 Title Pres. Ltd

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer's Use Only

Preparer's signature [Signature] Date 7/22/08 Check if self-employed ☐

Firm's Name (or yours if self-employed), address, and ZIP code IRA D. GANZFRIED & CO., CPAS
251 5TH AVE 4TH FLOOR
NEW YORK, NY 10016-6515

Preparer's SSN or PTIN P00165175
 EIN 13-3690783
 Phone no. (212) 686-9310

COPY

Schedule A Cost of Goods Sold (see instructions)

1	Inventory at beginning of year	1	960,137.
2	Purchases	2	1,658,253.
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule) SEE STATEMENT 3	5	81,503.
6	Total. Add lines 1 through 5	6	2,699,893.
7	Inventory at end of year	7	616,453.
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8	2,083,440.

9a Check all methods used for valuing closing inventory:

- (i) ☒ Cost
(ii) ☐ Lower of cost or market
(iii) ☐ Other (Specify method used and attach explanation.)

b Check if there was a writedown of subnormal goods

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO

9d

e If property is produced or acquired for resale, do the rules of section 263A apply to the corporation?

☐ Yes ☒ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If 'Yes,' attach explanation

☐ Yes ☒ No**Schedule C Dividends and Special Deductions** (see instructions)

	(a) Dividends received	(b) Percentage	(c) Special deductions (a) x (b)
1 Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	
2 Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80	
3 Dividends on debt-financed stock of domestic and foreign corporations		SEE INSTR.	
4 Dividends on certain preferred stock of less-than-20%-owned public utilities		42	
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	
7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs		80	
8 Dividends from wholly owned foreign subsidiaries		100	
9 Total. Add lines 1 through 8. See instructions for limitation			
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11 Dividends from affiliated group members		100	
12 Dividends from certain FSCs		100	
13 Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12			
14 Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15 Foreign dividend gross-up			
16 IC-DISC and former DISC dividends not included on lines 1, 2, or 3			
17 Other dividends			
18 Deduction for dividends paid on certain preferred stock of public utilities			
19 Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4			
20 Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b			

Schedule E Compensation of Officers (see instructions for page 1, line 12)

Note: Complete Schedule E only if total receipts (line 1a plus lines 4 through 10 on page 1) are \$500,000 or more.

1	(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	Percent of corporation stock owned		(f) Amount of compensation
				(d) Common	(e) Preferred	
	SUAT IZMIRLI	130-64-9382	100 %	100 %	0.00 %	86,400.
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
2	Total compensation of officers					86,400.
3	Compensation of officers claimed on Schedule A and elsewhere on return					
4	Subtract line 3 from line 2. Enter the result here and on page 1, line 12					86,400.

Schedule J Tax Computation (see instructions)

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)).	<input checked="" type="checkbox"/>	
2	Income tax. Check if a qualified personal service corporation (see instructions).	SEE STATEMENT 4	14,260.
3	Alternative minimum tax (attach Form 4626).		
4	Add lines 2 and 3.		14,260.
5a	Foreign tax credit (attach Form 1118).	5a	
5b	Qualified electric vehicle credit (attach Form 8834).	5b	
5c	General business credit. Check applicable box(es): <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form 6478 <input type="checkbox"/> Form 8835, Section B <input type="checkbox"/> Form 8844	5c	
5d	Credit for prior year minimum tax (attach Form 8827).	5d	
5e	Bond credits from: <input type="checkbox"/> Form 8860 <input type="checkbox"/> Form 8912	5e	
6	Total credits. Add lines 5a through 5e.	6	
7	Subtract line 6 from line 4.	7	14,260.
8	Personal holding company tax (attach Schedule PH (Form 1120)).	8	
9	Other taxes. <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 Check if from: <input type="checkbox"/> Form 8866 <input type="checkbox"/> Form 8902 <input type="checkbox"/> Other (att schedule)	9	
10	Total tax. Add lines 7 through 9. Enter here and on page 1, line 31.	10	14,260.

Schedule K Other Information (see instructions)

	Yes	No		Yes	No
1	Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) _____		7	At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of stock of the corporation entitled to vote or (b) the total value of all classes of stock of the corporation? If 'Yes,' enter: (a) Percentage owned _____ and (b) Owner's country _____	
2	See the instructions and enter the: a Business activity code no. <u>423200</u> b Business activity <u>WHOLESALE</u> c Product or service <u>ORIENTAL RUGS</u>		c	The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter number of Forms 5472 attached _____	
3	At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) <input checked="" type="checkbox"/>		8	Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.	
4	Is the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? <input checked="" type="checkbox"/> If 'Yes,' enter name and EIN of the parent corporation _____		9	Enter the amount of tax-exempt interest received or accrued during the tax year. \$ <u>NONE</u>	
5	At the end of the tax year, did any individual, partnership, corporation, estate or trust own, directly or indirectly, 50% or more of the corporation's voting stock? (For rules of attribution, see section 267(c).) <input checked="" type="checkbox"/> If 'Yes,' attach a schedule showing name and identifying number. (Do not include any information already entered in 4 above.) Enter % owned <u>100. %</u> <u>SEE STATEMENT 5</u>		10	Enter the number of shareholders at the end of the tax year (if 100 or fewer). <u>1</u>	
6	During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.) <input checked="" type="checkbox"/> If 'Yes,' file Form 5452, Corporate Report of Nondividend Distributions. If this is a consolidated return, answer here for the parent corporation and on Form 851, Affiliations Schedule, for each subsidiary.		11	If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here <input type="checkbox"/> If the corporation is filing a consolidated return, the statement required by Temporary Regulations section 1.1502-21T(b)(3) must be attached or the election will not be valid.	
			12	Enter the available NOL carryover from prior tax years (Do not reduce it by any deduction on line 29a.) \$ <u>NONE</u>	
			13	Are the corporation's total receipts (line 1a plus lines 4 through 10 on page 1) for the tax year and its total assets at the end of the tax year less than \$250,000? <input checked="" type="checkbox"/> If 'Yes,' the corporation is not required to complete Schedules L, M-1, and M-2 on page 4. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year. \$ _____	

Note: If the corporation, at any time during the tax year, had assets or operated a business in a foreign country or U.S. possession, it may be required to attach Schedule N (Form 1120), Foreign Operations of U.S. Corporations, to this return. See Schedule N for details.

BAA

Form 1120 (2006)

Note: The corporation is not required to complete Schedules L, M-1 and M-2 if Question 13 on Schedule K is answered 'Yes.'

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)	
Assets					
1 Cash		96,822.		59,932.	
2a Trade notes and accounts receivable	1,465,036.		1,499,117.		
b Less allowance for bad debts		1,465,036.		1,499,117.	
3 Inventories		960,137.		616,453.	
4 U.S. government obligations					
5 Tax-exempt securities (see instructions)					
6 Other current assets (attach schedule) SEE ST. 6.		324,768.		809,328.	
7 Loans to shareholders					
8 Mortgage and real estate loans					
9 Other investments (attach schedule)					
10a Buildings and other depreciable assets	147,238.		151,003.		
b Less accumulated depreciation	129,181.	18,057.	132,096.	18,907.	
11a Depletable assets					
b Less accumulated depletion					
12 Land (net of any amortization)					
13a Intangible assets (amortizable only)					
b Less accumulated amortization					
14 Other assets (attach schedule) SEE ST. 7.		13,110.		13,110.	
15 Total assets		2,877,930.		3,016,847.	
Liabilities and Shareholders' Equity					
16 Accounts payable		159,223.		255,826.	
17 Mortgages, notes, bonds payable in less than 1 year		874,684.		859,534.	
18 Other current liabilities (attach sch) SEE ST. 8.		9,771.		16,820.	
19 Loans from shareholders		771,424.		771,424.	
20 Mortgages, notes, bonds payable in 1 year or more					
21 Other liabilities (attach schedule)					
22 Capital stock: a Preferred stock					
b Common stock	350,000.	350,000.	350,000.	350,000.	
23 Additional paid-in capital					
24 Retained earnings — Approp (att sch)		712,828.		763,243.	
25 Retained earnings — Unappropriated					
26 Adjmnt to shareholders' equity (att sch)					
27 Less cost of treasury stock					
28 Total liabilities and shareholders' equity		2,877,930.		3,016,847.	

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return (see instructions)

1 Net income (loss) per books	50,415.	7 Income recorded on books this year not included on this return (itemize):	
2 Federal income tax per books	14,260.	Tax-exempt interest \$	
3 Excess of capital losses over capital gains			
4 Income subject to tax not recorded on books this year (itemize):			
5 Expenses recorded on books this year not deducted on this return (itemize):		8 Deductions on this return not charged against book income this year (itemize):	
a Depreciation \$		a Depreciation \$	
b Charitable contributions \$		b Charitable contribns \$	
c Travel & entertainment \$			
		9 Add lines 7 and 8	0.
6 Add lines 1 through 5	64,675.	10 Income (page 1, line 28) — line 6 less line 9	64,675.

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1 Balance at beginning of year	712,828.	5 Distributions:	
2 Net income (loss) per books	50,415.	a Cash	
3 Other increases (itemize):		b Stock	
		c Property	
		6 Other decreases (itemize):	
4 Add lines 1, 2, and 3	763,243.	7 Add lines 5 and 6	
		8 Balance at end of year (line 4 less line 7)	763,243.

SCHEDULE O
(Form 1120)

(December 2006)

Department of the Treasury
Internal Revenue Service

**Consent Plan and Apportionment Schedule
for a Controlled Group**

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.**
▶ **See separate instructions.**

OMB No. 1545-0123

Name

Employer identification number

TRANSANATOLIA RUG CORP.

Part I Apportionment Plan Information

1 Type of controlled group:

- a** ☐ Parent-subsidiary group
- b** ☒ Brother-sister group
- c** ☐ Combined group
- d** ☐ Life insurance companies only

2 This corporation has been a member of this group:

- a** ☒ For the entire tax year.
- b** ☐ From _____, _____, until _____, _____.

3 This corporation consents to:

- a** ☐ Adopt an apportionment plan.
- b** ☐ Amend the current apportionment plan.
- c** ☐ Terminate the current apportionment plan.

4 Check the applicable box, below, concerning the status of the group's apportionment plan (see instructions).

- a** ☐ No apportionment plan is in effect and none is being adopted.
- b** ☐ An apportionment plan is already in effect. It was adopted for the tax year ending _____, _____, and for all succeeding tax years.
- c** ☐ All the members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending _____, _____, and for all succeeding tax years.
- d** ☐ All the members of this group are adopting an apportionment plan, effective for the current tax year, which ends on _____, _____, and for all succeeding tax years.
- e** ☐ The plan was terminated, effective _____, _____, because:
 - (i)** ☐ This group ceased to remain in existence during the calendar year ending on the December 31st subsequent to the adoption of the plan.
 - (ii)** ☐ A corporation which was a component member of this group on the December 31st of this tax return year is not a component member of this group on the succeeding December 31st.
 - (iii)** ☐ A corporation which was not a component member of this group on the December 31st of this tax return year is a component member of this group on the succeeding December 31st.
 - (iv)** ☐ All the members of the group have agreed to terminate the previously adopted plan.

5 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions.

- a** ☐ Yes.
 - (i)** ☐ The statute of limitations for this year will expire on _____, _____.
 - (ii)** ☐ On _____, _____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____, _____.
- b** ☐ No.

BAA For Privacy Act and Paperwork Reduction Act Notice,
see Instructions for Forms 1120 and 1120-A.

Schedule O (Form 1120) (12-2006)

Part II Taxable Income Apportionment (See instructions)

Caution: Each total in Part II, column (g) for each component member must agree with Form 1120, page 1, line 30 or the comparable line of such member's tax return.

(a) Group member's name and employer identification number		(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket					(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%		
1	TRANSANATOLIA RUG CORP.	13-3204943	29,380.	25,000.			54,380.	
2	ANATOLIAN TREASURES, INC.	20-5552177	20,620.				20,620.	
3								
4								
5								
6								
7								
8								
9								
10								
Total			50,000.	25,000.			75,000.	
BAA							Schedule O (Form 1120) (12-2006)	

Part III **Income Tax Apportionment** (See instructions)

(a) Group member's name	Income Tax Apportionment							(h) Total income tax (combine lines (b) through (g))
	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%		
1 <u>TRANSANATOLIA RUG CORP.</u>	4,407.	6,250.					10,657.	
2 <u>ANATOLIAN TREASURES, INC.</u>	3,093.						3,093.	
3 -----								
4 -----								
5 -----								
6 -----								
7 -----								
8 -----								
9 -----								
10 -----								
Total	7,500.	6,250.					13,750.	
BAA							Schedule O (Form 1120) (12-2006)	

Schedule O (Form 1120) (12-2006)

Part IV Other Apportionments (See instructions)

	(a) Group member's name	Other Apportionments				
		(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other
1	TRANANATOLIA RUG CORP.					
2	ANATOLIAN TREASURES, INC.					
3						
4						
5						
6						
7						
8						
9						
10						
Total						
BAA						

Schedule O (Form 1120) (12-2006)

STATEMENT 1
FORM 1120, LINE 17
TAXES AND LICENSES

3M/4M TAX.....	\$	56.
CITY TAX.....		391.
PAYROLL TAXES.....		37,274.
STATE TAX.....		2,113.
TOTAL	\$	39,834.

STATEMENT 2
FORM 1120, LINE 26
OTHER DEDUCTIONS

COMMISSIONS.....	\$	20,837.
DELIVERY AND FREIGHT.....		75,860.
DUES AND SUBSCRIPTIONS.....		3,120.
INSURANCE.....		55,568.
LEGAL AND PROFESSIONAL.....		5,262.
LESS: ALLOCATED EXPENSES.....		-200,000.
OFFICE EXPENSE.....		8,795.
TELEPHONE.....		14,746.
TRUCK OPERATING EXPENSES.....		8,084.
WAREHOUSE EXPENSES.....		29,627.
TOTAL	\$	21,899.

STATEMENT 3
FORM 1120, SCHEDULE A, LINE 5
OTHER COST OF GOODS SOLD

BUYING EXPENSES.....	\$	61,916.
FREIGHT, DUTY, AND CUSTOMS.....		13,340.
OCEAN MARINE INSURANCE.....		4,250.
RUG REPAIRS & RENOVATIONS.....		1,997.
TOTAL	\$	81,503.

STATEMENT 4
FORM 1120, SCHEDULE J, LINE 2
COMPUTATION OF CONTROLLED GROUP TAX

1. TAXABLE INCOME (LINE 30, PAGE 1, FORM 1120).....	\$	64,675.
2. SHARE OF \$50,000 TAX BRACKET.....		29,380.
3. SUBTRACT LINE 2 FROM LINE 1.....		35,295.
4. LESSER OF LINE 3 OR SHARE OF \$25,000 TAX BRACKET.....		25,000.
5. SUBTRACT LINE 4 FROM LINE 3.....		10,295.
6. LESSER OF LINE 5 OR SHARE OF \$9,925,000 TAX BRACKET.....		0.
7. SUBTRACT LINE 6 FROM LINE 5.....		10,295.
8. MULTIPLY LINE 2 BY 15%.....		4,407.
9. MULTIPLY LINE 4 BY 25%.....		6,250.
10. MULTIPLY LINE 6 BY 34%.....		0.
11. MULTIPLY LINE 7 BY 35%.....		3,603.
12. ADDITIONAL 5% TAX NOT TO EXCEED \$11,750.....		0.
13. ADDITIONAL 3% TAX NOT TO EXCEED \$100,000.....		0.

TRANSANATOLIA RUG CORP

13-3204943

STATEMENT 4 (CONTINUED)
FORM 1120, SCHEDULE J, LINE 2
COMPUTATION OF CONTROLLED GROUP TAX

14. ADD LINES 8 THROUGH 13. SCHEDULE J, LINE 2..... 14,260.

STATEMENT 5
FORM 1120, SCHEDULE K, LINE 5
50% OR MORE OWNERS

NAME : SUAT IZMIRLI
ID NUMBER :
PERCENTAGE OWNED : 100.00%

STATEMENT 6
FORM 1120, SCHEDULE L, LINE 6
OTHER CURRENT ASSETS

	BEGINNING	ENDING
INVESTMENT-ANTIQUE LOOMS, LLC.....	\$ -4,975.	\$ -4,975.
LOANS & EXCHANGES.....	314,048.	768,177.
PREPAID TAXES.....	15,695.	46,126.
TOTAL	\$ 324,768.	\$ 809,328.

STATEMENT 7
FORM 1120, SCHEDULE L, LINE 14
OTHER ASSETS

	BEGINNING	ENDING
SECURITY DEPOSITS.....	\$ 13,110.	\$ 13,110.
TOTAL	\$ 13,110.	\$ 13,110.

STATEMENT 8
FORM 1120, SCHEDULE L, LINE 18
OTHER CURRENT LIABILITIES

	BEGINNING	ENDING
3M/4M TAX PAYABLE.....	\$ 55.	\$ 56.
CITY TAX PAYABLE.....	367.	391.
FEDERAL TAX PAYABLE.....	7,244.	14,260.
STATE TAX PAYABLE.....	2,105.	2,113.
TOTAL	\$ 9,771.	\$ 16,820.

2006 TAX RETURN

GEORGIA CORPORATION

Client: TRANSAN

Prepared for: TRANSANATOLIA RUG CORP.
ANADOL COMPANY
1088 HUFF ROAD NW
ATLANTA, GA 30318-4122
404-350-8558

Prepared by: IRA D. GANZFRIED
IRA D. GANZFRIED & CO., CPAS
251 5TH AVE 4TH FLOOR
NEW YORK, NY 10016-6515
(212) 686-9310

Date: JULY 22, 2008

Comments:

Route to: _____

TRANSMITTAL FORM FOR LEGISLATION

TO: MAYOR'S OFFICE

ATTN: GREG PRIDGEON

Dept.'s Legislative Liaison: LaShawn Gardiner

Contact Number: (404) 330-6449

Originating Department: Department of Finance

Committee(s) of Purview: Finance/Executive Committee

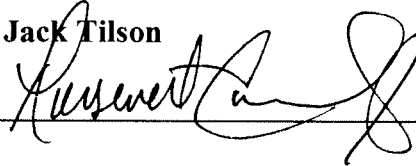
Chief of Staff Deadline: January 12, 2010

Anticipated Committee Meeting Date(s): Jan. 26-27, 2010

Anticipated Full Council Date: Feb. 1, 2010

Legislative Counsel's Signature: Jack Tilson

Commissioner Signature: _____



Chief Procurement Officer Signature: _____

CAPTION

A RESOLUTION AUTHORIZING THE CHIEF FINANCIAL OFFICER TO REFUND NINE THOUSAND EIGHT HUNDRED FORTY EIGHT DOLLARS AND FORTY FOUR CENTS (\$9,848.444) TO ANADOL COMPANY FOR AN OVERPAYMENT OF BUSINESS LICENSE FEES TO THE CITY OF ATLANTA. ALL FUNDS SHALL BE CHARGED TO AND PAID FROM FDOA 1001 (General Fund) 200301 (Dept. NDP Unallocated –Citywide Employee Expenses) 5730012 (Account Refunds) 1540000 (Function Activity-Human Resources); AND FOR OTHER PURPOSES.

FINANCIAL IMPACT (if any):

Mayor's Staff Only

Received by CPO: _____

(date)

Received by LC from CPO: _____

(date)

Received by Mayor's Office: 1-13-10

(date)

Reviewed by: [Signature]

(date)

Submitted to Council: _____

(date)

1/27/10